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Diagnosis

Febris infantum parvula.

in the L. Herring

1824

Febris infantum parvula.

by L. Herring

Philly 1824

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by
James D. Wilson
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A Papered March 10th
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W. L. H

Dean

Dissertation
on the
Febris infantum remittens

by Lewis Horning

of
Pennsylvania.

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Epiphyllum
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Dissertation.

The subject of fever, from the earliest period to the present day, more than any other disease to which the human frame is liable, has received the attention of physicians. The species of fever that I have chosen for the subject of this Dissertation, is what is termed *Febris infantum remittens*, or the Infantile remittent fever. Which, although of daily occurrence, and frequently fatal in its consequences, has not been sufficiently regarded by physicians. If we except *cynanche trachealis*, *pneumonia*, and the *diarrhea* attendant upon teething, the remittent fever of children is more frequently met with, than perhaps

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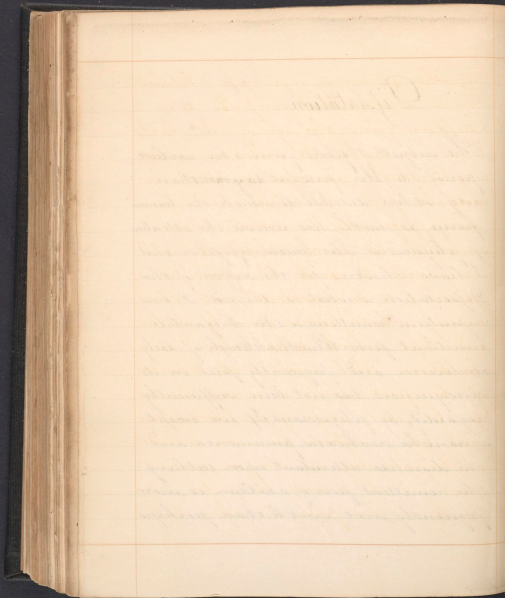
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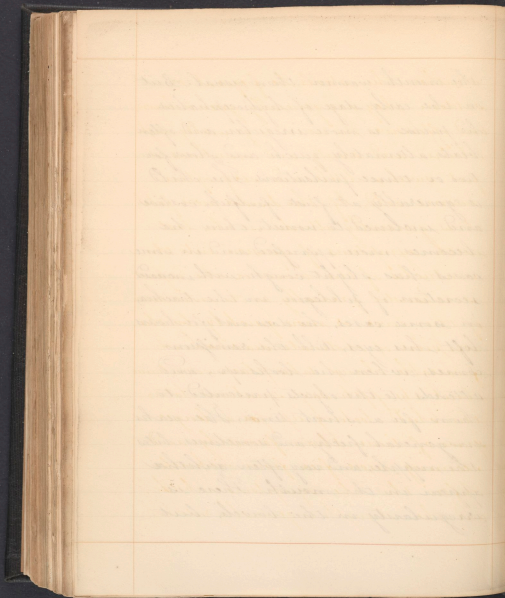
any other disease of infancy or childhood
This is a complaint confined to
children from the age of one year
to ten or twelve. It makes its advances
very gradually, manifesting itself by
irregularity in the bowels, which are
more frequently too costive, though
sometimes too much relaxed. It will
be proper to divide the fever, at
present to be considered, into that
variety which occurs in early infancy,
and that which takes place in
childhood. With regard to the description
of the first variety it is very similar
to the early stage of hydrocephalus,
but the remissions are more distinct
in the morning, and the paroxysms
greater in the evening. The pulse is very
quick in this fever, the skin hot,



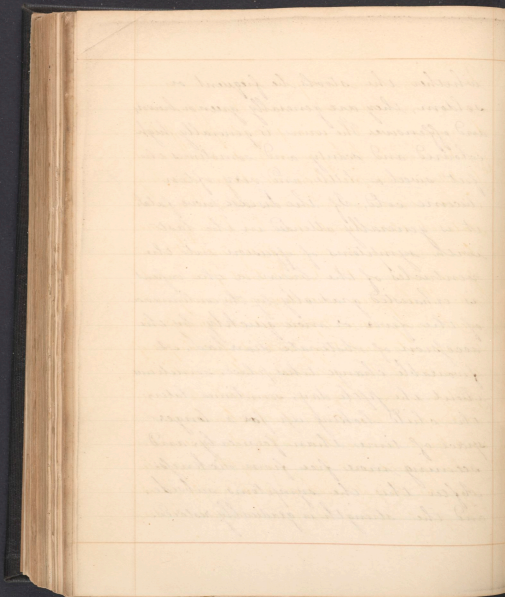
the mouth warmer than usual. But
in the early stage of hydrocephalus.
the pulse is more irregular and often
beats alternately quick and slow for
two or three pulsations. The child
is generally at first fretful, costive
and inclined to vomit, then he
becomes more oppressed, and in some
cases has slight cough, with increased
secretion of phlegm in the trachea,
in some cases, he does not for hours
lift his eyes, till the remission
comes, when he looks up, and
attends to the objects presented to
him for a short time. He sucks
in general freely, and sometimes bites
the nipple, and very often aphetha
appear in the mouth. There is
irregularity in the bowels, but

any other kind of injury or damage
this is a permanent injury to
the system from the use of such
a drug as opium. It makes the system
very susceptible to any other
injury and in the future will be
most frequently the cause of
many of the most serious diseases
of the system. It is a drug which
is highly to be avoided and that
should be remembered and that
which is a great source of injury
and that which is to be avoided
altogether. With regard to the
of the first vessels of the system
to the early stage of the disease
but the symptoms are not always
in the system and the disease
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is in the system and the disease

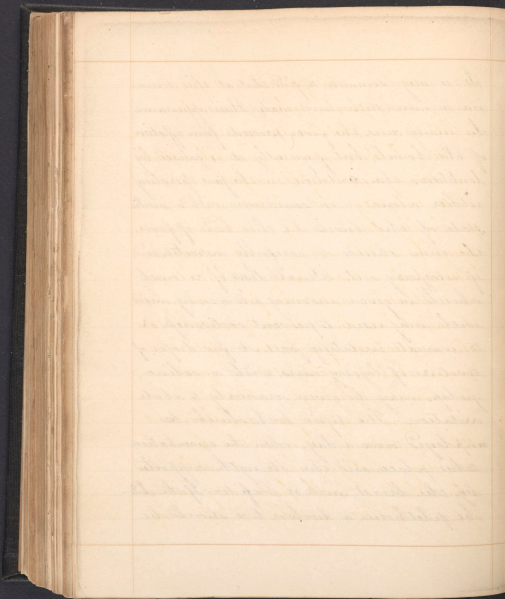
whether the stools be frequent or
seldom, they are generally green or brown,
and offensive. The urine is generally high
coloured and scanty and sometimes the
fat sweet a little, and very often
become cold. If the disease prove fatal
it is generally attended in the last
with symptoms of effusion into the
ventricles of the brain, or the infant
is exhausted gradually by the continuance
of the fever or more quickly by the
accession of obstinate diarrhoea. A
favourable change takes place, sometimes
about the fifth day, sometimes later,
the child looking up for a longer
space of time than formerly, and
seeming more free from sickness.
After this the symptoms subside,
and the strength is gradually restored.



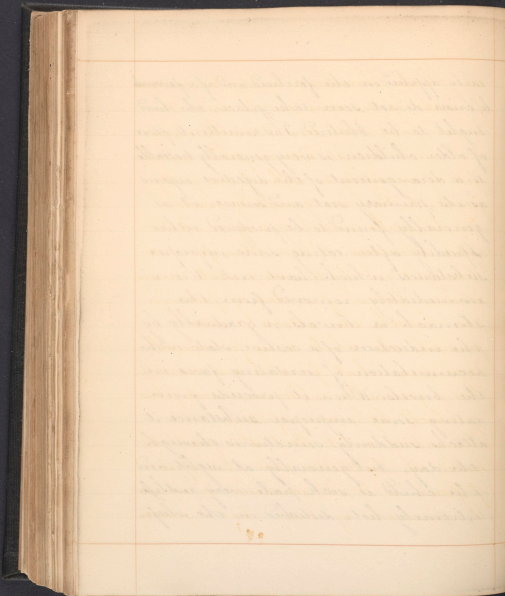
It is very common to find, that at this time
one or more teeth, have made their appearance.
In many cases, the fever proceeds from affection
of the bowels, but frequently it is caused by
dentition, the irritation in the jaw operating
either alone, or in connexion with a morbid
state of the bowels. In this kind of fever,
the gums should be carefully inspected, and,
if necessary, cut. Small doses of calomel
should be given morning and evening, mixed
with magnesia, to prevent costiveness, or
to evacuate irritating faeces. A few drops of
tincture of hyoscyamus, with a saline
julep, may be given occasionally to abate
irritation. The tepid bath should be
employed once a day, when the exacerbation
takes place, and the strength supported
by the breast milk or beef tea. If the child
be plethoric, a leech or two should be



early applied on the forehead, and if a favourable
crisis do not soon take place, the head
ought to be blistered. The remittent fever
of older children is very generally traceable
to a derangement of the digestive organs
as its primary seat and source, it is
generally found to be produced either
speedily after eating some improper
substances which have not been
immediately removed from the
stomach or bowels, or gradually by
the induction of a costive state or the
accumulation of irritating faeces in
the bowels. When it proceeds from
eating some improper substance it
attacks suddenly, sometimes through
the day, but generally at night, and
the child is sick, pale, very restless,
extremely hot, disturbed in the sleep.

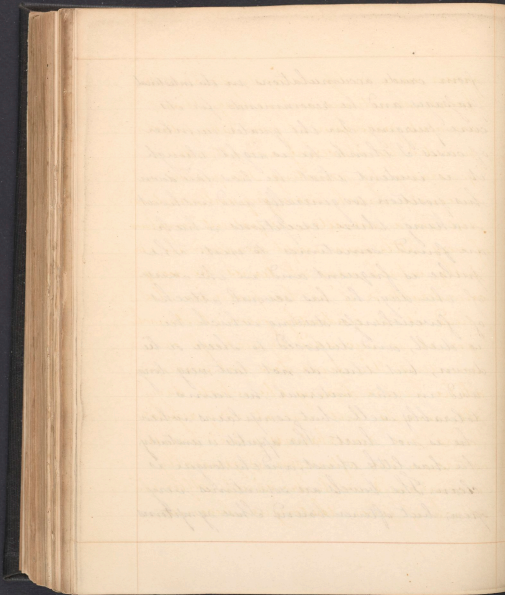


and thirsty. Sometimes he vomits a complaint
of headache, or pain in the belly. The
tongue is at this time tolerably clean,
but next day it becomes furred, and the
fits of vomiting or sickness are pretty
frequent. They are generally preceded
by headache which goes off or abates
after vomiting. When this fever is
brought on by a costive state or an
accumulation of irritating faces in
the bowels, the attack is more
gradual, the child being for several
days somewhat feverish and unwell.
This is generally called verminosa febris
produced by worms infesting the
alimentary canal. But it is positively
denied by Dr. Butcher, that this species
of fever, is at all occasioned by worms.
It is contended by him that it proceeds

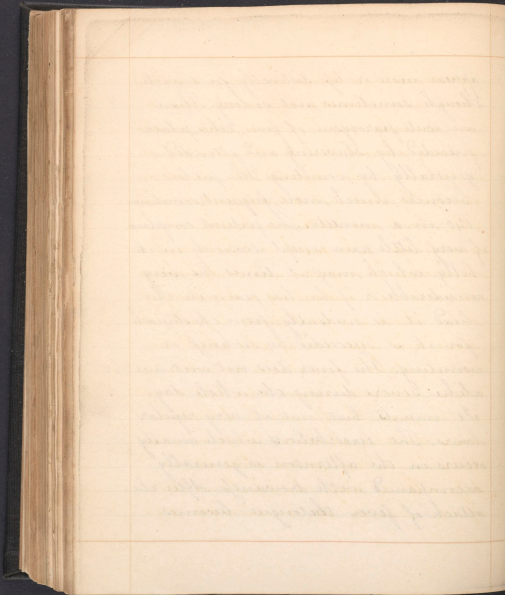


from crude accumulations in the intestinal passages and he recommends for its cure purging. In the greater number of cases I think he is right, though it is evident that he has laid down his position too generally and without making those exceptions which are found sometimes to exist. The pulse is frequent, and, in the course of the day, he has several attacks of feverishness, during which he is dull, and disposed to sleep or lie down, but these do not last very long and in the interval he seems tolerably well, but complains when he is not hurt. The appetite is unsteady, he has little thirst, and the tongue is clean. The bowels are sometimes very open, but oftener bound. These symptoms

appear more or less distinctly for a week
though sometimes not so long. Then +
an acute paroxysm of fever takes place,
preceded by shivering and attended
generally by vomiting. The pulse
becomes much more frequent, sometimes
140 in a minute. The patient complains
of very little pain except occasionally in the
belly, which may at times be very
considerable or if he has pain in the
head it is evidently from the stomach
for it is succeeded by sickness or
vomiting. The fever does not continue
alike severe during the whole day.
It remits, but not at very regular
hours. The exacerbations which usually
occurs in the afternoon, is generally
accompanied with drowsiness. After the
attack of fever the tongue becomes

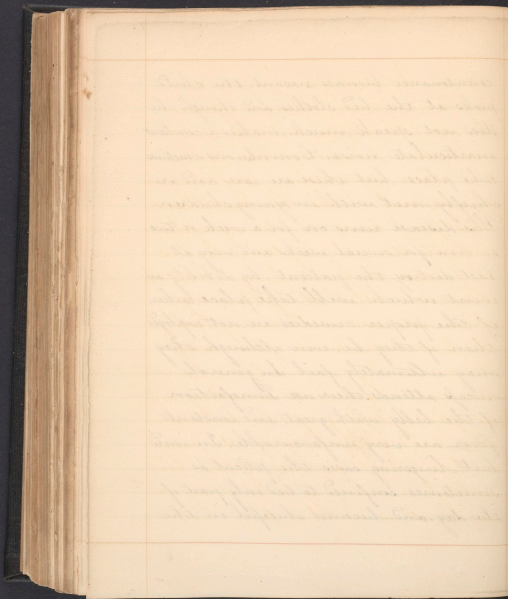


covered with a white or brown coat and both the stomach and bowels seem to be extremely torpid. The appetite indeed is soon almost lost, or the food which is taken is not digested. The bowels are generally but not always costive and the stools are foetid dark coloured, sometimes like pitch or thin and olive coloured, or green and curdy looking, clay coloured, indicating a deficiency of bile. There is a great desire to pick the nose and lips, and if the child be not watched, sometimes an ulcer is thus produced upon the lips or angle of the mouth. Generally delirium occurs in the advanced stage of the disease, and in some cases it is difficult to keep the child in bed. If the debility be considerable, the

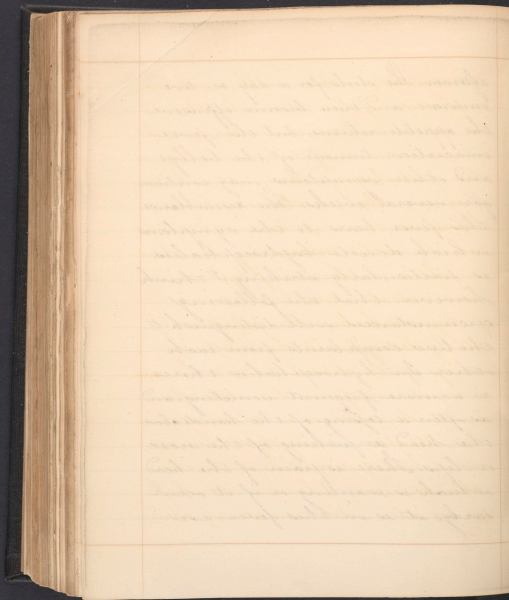


countenance becomes vacant, the child
picks at the bed clothes, and though he
does not speak much, makes a constant
inarticulate noise. Convulsions sometimes
take place, but these are rare and are
chiefly met with in young children.
This disease runs on for a week or two
or even for several weeks and may at
last destroy the patient by debility an
event which will take place earlier
if the proper remedies are not employed
than if they be, even although they
may ultimately fail. In general,
success attends their use. Tumefaction
of the belly, with great and constant
fever, are very unfavourable. In mild
but lingering cases the patient is
sometimes confined to bed only part of
the day, and becomes cheerful in the

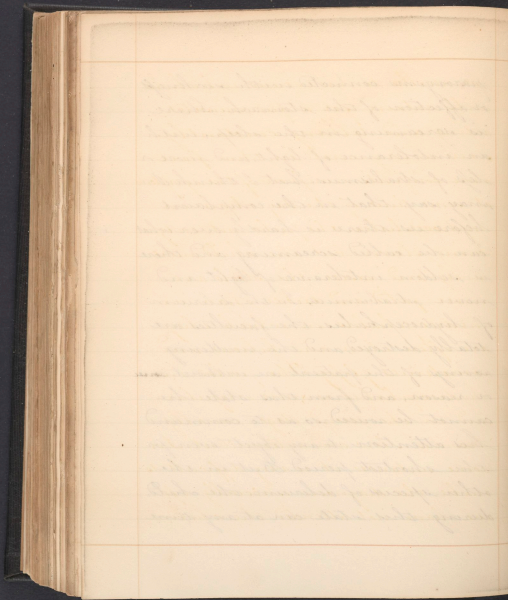
afternoon. The stools for a day or two
improve, and then become offensive.
The appetite returns, but the fever,
emaciation, tumour of the belly,
and other symptoms may continue
for several weeks. The resemblance
this fever bears to the symptoms
which denote hydrocephalus,
is particularly striking. I think
however, that the following
circumstances will distinguish the
the two complaints from each
other. In hydrocephalus there
is a more frequent vomiting, and
as often a tossing of the hands above
the head as picking of the nose
or lips. There is pain of the head
which is wanting or if it occur
early, it is in this fever, in



paroxysms connected with sickness
or affection of the stomach. There
is screaming in the sleep, with
an intolerance of light, and more or
less of strabismus, but I think I
may say, that in the complaint
before us, there is hardly ever what
can be called screaming and there
is seldom intolerance of light and
never strabismus. In the delirium
of hydrocephalus, the faculties are
totally destroyed, and the muttering
ravings of the patient are without ~~sense~~
or reason, and from this state he
cannot be roused so as to command
his attention to any object even for
the shortest period. But in the
other species of delirium, the child,
during this state, can at any time



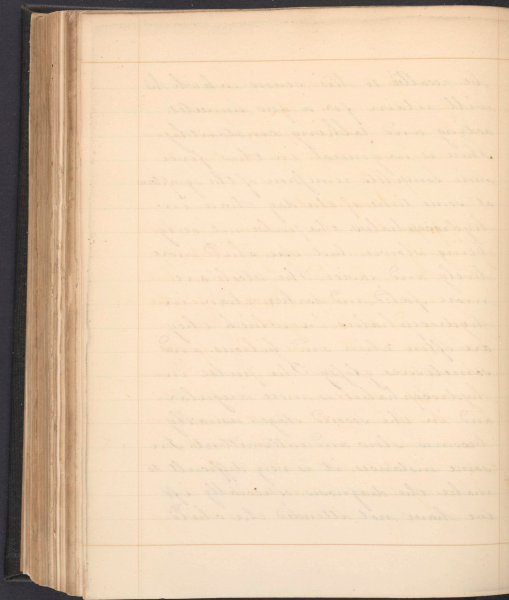
be recalled to his senses, which he will retain for a few minutes, acting and talking constantly. There is in general, in this fever more complete remissions of the symptoms at some time of the day than in hydrocephalus, the pulse not only being slower, but the child more lively and easier. The stools are more faded and darker than in hydrocephalus, in which they are often thin and bilious, and sometimes glossy. The pulse in hydrocephalus is more irregular, and in the second stage, usually becomes slow and intermittent. In some instances, it is very difficult to make the diagnosis, especially if we have not attended the child



from the first. Fortunately in all ambiguous cases, the exact diagnosis would be of more consequence in determining the prognosis than the treatment.

Treatment.

It appears that this disease proceeds generally from a deranged state of the stomach and intestines, which very soon is communicated to the liver and lacteal system, but perhaps still more early affects the action of the nervous and vascular systems. The treatment in this view, will consist in employing such means as excite brislier action of the stomach and bowels, such as purgatives, and improve the nature of the action, altering

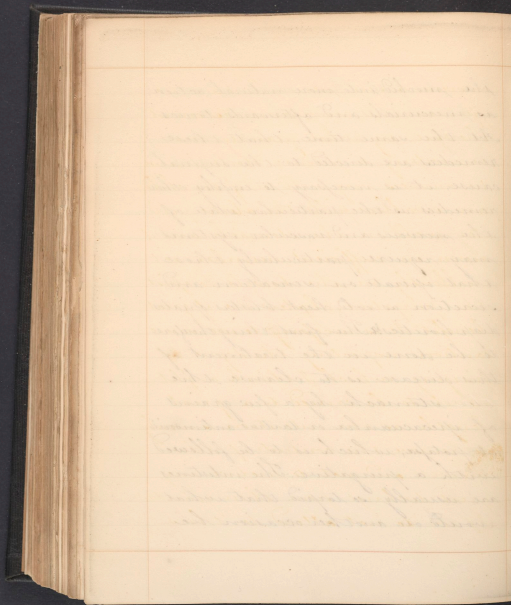


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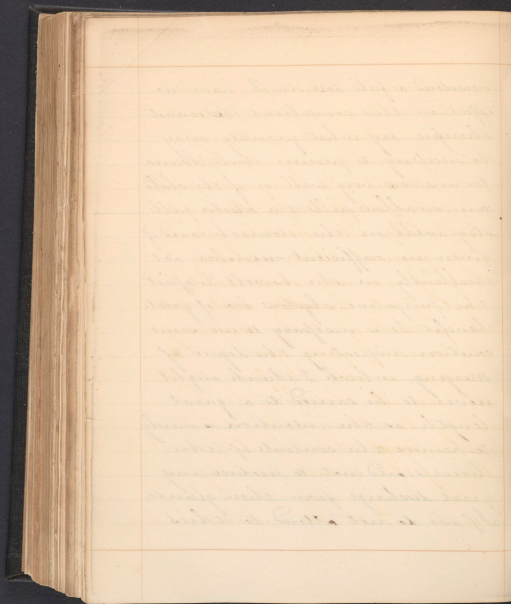
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the morbid into more natural action,
as mercurials and afterwards tonics.
At the same time, that these
remedies are directed to the original
cause, it is necessary to employ other
remedies as the particular state of
the nervous and vascular systems
may require, particularly those
that operate on sensation and
secretion as colic heat, blisters opiates
diaphoretics. The first thing therefore
to be done in the treatment of
this disease is to cleanse the
stomach by a few grains
of ipecacuanha or tartar antimonii
et potassa, which is to be followed
with a purgative. The intestines
are usually so torpid that what
would on another occasion be



considered a full dose, will have no effect in this complaint. We cannot therefore say what quantity may be necessary to procure stools. Senna tea answers very well or if the child can swallow pills, the alectic pills stay well on the stomach, and if given in sufficient number, act excellently on the bowels. To assist the purgative, clysters are of great benefit. It is necessary to use some caution respecting the degree of purging, which I think ought never to be carried to a great length, as the intention is merely to remove the contents of the bowels, and not to produce any great discharge from their glands. If we do not attend to this



circumstance, the intestines will become
distended with air, and the patient
may run the risk of being
destroyed with every symptom
of tympanitis. It is requisite, however
to give regularly such doses as
shall keep the bowels open,
and support their action
Purging is a very important
part of our practice, but not
the whole of it. by removing
the cause of fever does not
always remove the fever itself.
We should therefore, besides
using laxatives early, and
continuing their exhibition
during the disease, as long as
these bring away offensive
stools, and do not increase the

frequency of the pulse or debility.
have recourse, in the commencement
of the fever, to the use of the
sponge, with cold water to moderate
the heat. This is to be repeated
oftener or seldomer, according
to the benefit it produces.

Afterwards we may employ
diaphoretics such as the saline
julep with a little antimonial
wine. Such is the practice during
the first two or three days of the
fever. Afterwards we ought to give
calomel in such doses, as both
to act on the bowels, and likewise
to produce an alterative, a slightly
mercurial effect. It is however
very difficult, to affect children
in this way, or produce any

undernefs of the gums. Opium and
hyoscyamus frequently allay irritation
and accelerate recovery, by procuring
sleep. Anodyne injections are
useful in this respect, and
also for abating griping and abdominal
pain. Delirium is sometimes, but
not always, mitigated by blistering
the head, but this is always proper
when there is considerable delirium
or any pain in the head. Shaving
the head, and merely washing
it with vinegar, has also a good
effect. The diet should be
light, but it is not proper to
force the child to eat. In the
progress of the disease, barks
or other tonics are sometimes
beneficial and ought always to

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be tried. In protracted cases it is frequently of advantage to intermit the use of purgatives and use only injections, and at the same time begin the use of steel. To cleanliness and ventilation, much attention should be paid and when convalescent if not in the country a removal is highly beneficial.

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